



BELGIAN GARDENS

MEDICAL
CENTRE

PO Box 401,
Belgian Gardens Qld 4810
ABN: 111 699 321 83
Ph: 07 4771 6666 Fax: 07 4771 5566
Email: help@bgmc.com.au
EDI: vna6shgq

____/____/____

Doctor: _____ Fax: _____

Address: _____

AUTHORITY FOR THE RELEASE OF MEDICAL RECORDS

I hereby give consent for the release of all information pertaining to my personal medical records and those of my family members as listed below from your surgery to be sent to:

- | | | |
|--------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | Dr Nichola O'Reilly | Provider Number: 213825FX |
| <input type="checkbox"/> | Dr Smitha Jose | Provider Number: 483088CH |
| <input type="checkbox"/> | Dr Michelle Vollmerhouse | Provider Number: 247041FK |
| <input type="checkbox"/> | Dr Martin Carr | Provider Number: 081061GT |
| <input type="checkbox"/> | Dr Geetanjali Baveja | Provider Number: 4065538B |
| <input type="checkbox"/> | Dr Cynthia Filipcic | Provider Number: 453985LH |
| <input type="checkbox"/> | Dr Elizabeth Stalewski | Provider Number: 273151LW |
| <input type="checkbox"/> | Dr May Kyaing | Provider Number: 5729877W |
| <input type="checkbox"/> | Dr Heeraa Thanigaivel | Provider Number: 6189864L |

Name: _____ D.O.B. ____/____/____ Sign _____

Name: _____ D.O.B. ____/____/____ Sign _____

Name: _____ D.O.B. ____/____/____ Sign _____

Name: _____ D.O.B. ____/____/____ Sign _____

Requesting Doctors Signature: _____

**We prefer paperless correspondence. We accept Medical Objects and HealthLink.
If you use Best Practice Software, it would be appreciated if you would export the patient records and forward via disc or email, please make an XML file and email us the file.**

*CAN YOU PLEASE ALSO ADVISE OF ANY MENTAL HEALTH & CDM ITEMS CLAIMED IN THE LAST YEAR.
THANKYOU.*